



CHAFEE EDUCATION AND TRAINING VOUCHER PROGRAM (ETV)

N.D. DEPARTMENT OF HUMAN SERVICES

CHILDREN & FAMILY SERVICES

SFN 252 (Rev. 10-2005)

APPLICATION CHECKLIST

To be considered for the Education and Training Voucher Program you must complete the application and attach all supporting documents before you mail in the application. Please initial by each item listed below to ensure that you have included all required information. **Incomplete applications will not be accepted.**

_____ A completed SFN 255 (CFCIP Request for Financial Assistance Form).

_____ A completed SFN 252 (CFCIP ETV Application). Please print or type to ensure that we have the most accurate information.

_____ An ETV Eligibility Verification Sheet completed by your most recent Foster Care Worker or Custodian (Attachment A).

_____ Academic Progress Report (Attachment B).

_____ Release of Information (Attachment C).

_____ A copy of your CFCIP Plan or Single Plan of Care (SPOC).

_____ A completed cost of attendance/financial aid award form or letter (obtained from the school).

_____ A copy of your completed Federal Student Aid Application (FAFSA)

EDUCATION AND TRAINING VOUCHER APPLICATION

1. Application Data

Name (Last, First, MI)				
Address		City	State	Zip Code
Age	Date of Birth	SSN	Phone	E-Mail
Gender Female Male	Race		US Citizen Yes No	
Type of Application 1st Time *Re-Application				
<p>*If you have received an ETV in the past, please indicate the date and amount of each voucher received.</p> <p>1. Date: _____ Amount: _____</p> <p>2. Date: _____ Amount: _____</p> <p>3. Date: _____ Amount: _____</p>				

2. Contact Information

Please provide contact information for one person who will always be able to get in touch with you.

Name (Last, First)		Phone	E-Mail
Address	City	State	Zip Code

Please provide the name of your most recent Foster Care Worker or custodian.

Name (Last, First)		Phone	E-Mail
Title		Agency	
Address	City	State	Zip Code
County in which you were last in foster care		Number of months in foster care	

3. Education

What school do you attend, or plan on attending?

School Name		Phone	E-Mail
Address	City	State	Zip Code
Have you been officially accepted to this school/program? Yes No		Date you will begin	
What degree will you have when your schooling is completed?		Field of Study	
Type of Term Quarter Semester Other _____		Credits Required to Attain Degree	
Anticipated Graduation Date		If Applicable, Most Recent GPA	
If Applicable, # of Terms Completed To Date		If Applicable, # of Credits Earned To Date	

4. Cost of Attendance and Financial Aide

<u>Cost of Attendance</u>	<u>Financial Aide</u>
Tuition and Fees \$	PEL Grant \$
Room and Board \$	Orphan Foundation \$
Books and Supplies \$	Scholarships \$
Other \$	Loans (Amount Accepted) \$
	Other \$
Total Cost of Attendance \$	Total Financial Aide Accepted (Not Including ETV) \$
Please list any education and related expenses which are above and beyond what a typical student may incur. For example: Child care, excessive transportation costs, etc.	Total Cost of Attendance \$
	Federal Grants and Scholarships Accepted \$ _____
	Total ETV Funding Eligible For \$
Total Estimated Cost \$	ETV award cannot exceed \$5000.00 per academic year

5. Essay

In 250-500 words, explain your educational goals. What is your major in college, or what trade are you choosing to learn? Why did you choose to study this? What goals do you have for yourself for the next year? What goals do you have for yourself for the next five years? How will the ETV program help you achieve the goals you have set? Please type this essay and attach to the application.

AGREEMENT TO COMPLY

I certify that: (Please initial each of these statements)

_____ I will provide documentation following each semester, to verify I am satisfactorily meeting the academic requirements of the program that I attend. I understand that I will not receive ETV funds for the following semester until this documentation is provided.

_____ I agree the information provided with this application is correct to the best of my knowledge.

_____ I agree to work with the Regional Independent Living Coordinator as needed throughout the academic year.

Applicant Signature	Date
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Please forward the completed application packet to:

**Department of Human Services
Children & Family Services
600 E. Boulevard, Department 325
Bismarck ND 58505-0250
Attention: Joni Heine**

**EDUCATION AND TRAINING VOUCHER
ELIGIBILITY VERIFICATION**

Foster Care Worker or Custodian:

The following student has applied for funding through the Education and Training Voucher Program. Please complete the following, and return it to the student who will forward it with the application. Thank you.

Name of Student: _____

Date of Birth: _____

Please initial all that apply to verify the student's eligibility to participate in the Education and Training Voucher Program.

_____ Youth was discharged from foster care at the age of 18, or remains in foster care after the age of 18, **and** was in foster care for at least one year, **and** has not reached the age of 21 at the time of application.

_____ Youth was adopted from foster care after age 16, and has not reached the age of 21 at the time of application.

_____ Youth was participating in the ETV program on their 21st birthday, and will remain eligible until they turn 23, providing they are enrolled and making satisfactory progress toward completing their postsecondary education or training program.

Comments:

Authorized Signature:

Agency and Title:

Phone:

Date:

ACADEMIC PROGRESS REPORT

Institution of Higher Learning:

This student is a recipient of an Education and Training Voucher from the Department of Human Services. The student is required to maintain a 2.0 GPA and to be enrolled full time to continue to be eligible for the Voucher. Please complete the following and return to the student. Thank you for your assistance.

Student Name	Semester Ending
The student has a GPA of 2.0 or higher Yes No	The student meets requirements for full-time status Yes No
Signature & Title of School Representative	Date

Student:

Please forward the completed form and a copy of your most recent grades to:

**Department of Human Services
Children & Family Services
600 E. Boulevard, Department 325
Bismarck ND 58505-0250
Attention: Joni Heine**

You are required to provide the Department with this report following each semester. ETV funds for the following semester will not be paid to the university until this report is received.

RELEASE OF INFORMATION

STUDENT: Please fill in the names of all Individuals, Institutions, Businesses, or Agencies that the Department will have contact with throughout the ETV process. The Department cannot process the application or provide funding unless a release is provided between all parties involved throughout the process.

I give the North Dakota Department of Human Services and the following entities, permission to exchange information regarding finances, academic progress, and other academic related issues:

Name of Institution of Higher Learning

Name of Agency of most recent Foster Care Worker/Custodian

Name of Agency of Regional Independent Living Coordinator

Other

Other

This release of information will remain in effect for one year from the date listed below:

Student Signature

Date

Custodian (if student is under age 18)

Date

Witness

Date